COLONIAL MANOR MEDICAL/REHABILITATION CENTER

1010 EAST WAUSAU AVENUE

WAUSAU 54403 Phone: (715) 842-202	8	Ownership:	Limited Liability Partnership
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	147	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	150	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	146	Average Daily Census:	145

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	용		19.2 43.2
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	2.1	Under 65 65 - 74	8.2 10.3	More Than 4 Years	17.1
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	32.9	İ	79.5
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		*********************************** Full-Time Equivalent	****
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	1.4 8.9	 		Nursing Staff per 100 Resi	dents
Other Meals	No	Cardiovascular		65 & Over			
Transportation Referral Service	No No	Cerebrovascular Diabetes	7.5	 Gender	용	RNs LPNs	14.5 4.7
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	2.7 32.2	 Male		Nursing Assistants, Aides, & Orderlies	39.2
Mentally Ill	No			Female	65.1	· · · · · · · · · · · · · · · · · · ·	03.2
Provide Day Programming for Developmentally Disabled	No		100.0	 	100.0	 	

Method of Reimbursement

		Medicare			Medicaid 'itle 19		(Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	ò	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	3	3.0	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.1
Skilled Care	26	100.0	269	96	97.0	115	0	0.0	0	20	100.0	178	0	0.0	0	1	100.0	376	143	97.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		99	100.0		0	0.0		20	100.0		0	0.0		1	100.0		146	100.0

COLONIAL MANOR MEDICAL/REHABILITATION CENTER

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.8	Bathing	0.0		65.1	34.9	146
Other Nursing Homes	1.8	Dressing	15.1		64.4	20.5	146
Acute Care Hospitals	92.0	Transferring	16.4		66.4	17.1	146
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.7		65.8	20.5	146
Rehabilitation Hospitals	0.0	Eating	79.5		13.7	6.8	146
Other Locations	0.0	*****	* * * * * * * * * * * * * * *	*****	******	******	*****
Total Number of Admissions	226	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	8.2	Receiving Resp	iratory Care	5.5
Private Home/No Home Health	49.1	Occ/Freq. Incontine	nt of Bladder	45.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	21.2	Receiving Suct	ioning	0.0
Other Nursing Homes	10.3				Receiving Osto	my Care	2.7
Acute Care Hospitals	11.6	Mobility			Receiving Tube	Feeding	1.4
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed	1.4	Receiving Mech	anically Altered Diets	39.0
Rehabilitation Hospitals	0.0				_	-	
Other Locations	4.0	Skin Care			Other Resident C	haracteristics	
Deaths	24.1	With Pressure Sores		2.1	Have Advance D	irectives	76.7
Total Number of Discharges	i	With Rashes		2.1	Medications		
(Including Deaths)	224				Receiving Psyc	hoactive Drugs	47.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*********	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	1 2			-199	Ski	lled	All	
	Facility				Group	Peer	Group	Faci	lities
	%	8	Ratio	용	Ratio	8	Ratio	િ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	86.2	1.12	87.6	1.10	88.1	1.10	87.4	1.11
Current Residents from In-County	89.7	78.5	1.14	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	21.7	17.5	1.24	19.7	1.10	20.1	1.08	19.6	1.10
Admissions/Average Daily Census	155.9	195.4	0.80	167.5	0.93	155.7	1.00	141.3	1.10
Discharges/Average Daily Census	154.5	193.0	0.80	166.1	0.93	155.1	1.00	142.5	1.08
Discharges To Private Residence/Average Daily Census	75.9	87.0	0.87	72.1	1.05	68.7	1.10	61.6	1.23
Residents Receiving Skilled Care	100	94.4	1.06	94.9	1.05	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	91.8	92.3	0.99	91.4	1.00	92.0	1.00	87.8	1.05
Title 19 (Medicaid) Funded Residents	67.8	60.6	1.12	62.7	1.08	61.7	1.10	65.9	1.03
Private Pay Funded Residents	13.7	20.9	0.65	21.5	0.64	23.7	0.58	21.0	0.65
Developmentally Disabled Residents	2.1	0.8	2.56	0.8	2.69	1.1	1.85	6.5	0.32
Mentally Ill Residents	15.8	28.7	0.55	36.1	0.44	35.8	0.44	33.6	0.47
General Medical Service Residents	32.2	24.5	1.32	22.8	1.41	23.1	1.39	20.6	1.57
Impaired ADL (Mean)	47.7	49.1	0.97	50.0	0.95	49.5	0.96	49.4	0.96
Psychological Problems	47.3	54.2	0.87	56.8	0.83	58.2	0.81	57.4	0.82
Nursing Care Required (Mean)	6.6	6.8	0.97	7.1	0.93	6.9	0.95	7.3	0.90